BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	)	
MANZAR SARFARAZ KURAISHI, M.D.	)	Case No. 800-2016-027057
Physician's and Surgeon's Certificate No. A40352	)	
Respondent	)	

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on November 16, 2018.

IT IS SO ORDERED: October 18, 2018.

MEDICAL BOARD OF CALIFORNIA

Ronald Lewis, M.D., Chair
Panel A

XAVIER BECERRA
Attorney General of California
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: MANZAR SARFARAZ KURAISHI, M.D. 2701 West Alameda Avenue, Suite 400 Burbank, California 91505 Physician's and Surgeon's Certificate No. A 40352, Respondent.	Case No. 800-2016-027057 OAH No. 2018030484 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Nicholas B.C. Schultz, Deputy Attorney General.

2. Manzar Sarfaraz Kuraishi, M.D. (Respondent) is represented in this proceeding by attorney Peter R. Osinoff, whose address is 355 South Grand Avenue, Suite 1750, Los Angeles, California 90071.

3. On or about August 15, 1983, the Board issued Physician's and Surgeon's Certificate No. A 40352 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-027057, and will expire on June 30, 2019, unless renewed.

JURISDICTION

4. Accusation No. 800-2016-027057 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on January 29, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2016-027057 is attached as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-027057. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including: the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2016-027057, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a prima facie case for the charges as to the sole patient as referenced in the Accusation, and Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this Stipulated Settlement and Disciplinary Order, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, then the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 40352 issued to Respondent is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. EDUCATION COURSE. Within sixty (60) calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than forty (40) hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for sixty-five (65) hours of CME of which forth (40) hours were in satisfaction of this condition.

2. PRESCRIBING PRACTICES COURSE. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than fifteen (15) calendar days after successfully completing the course, or not later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

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3. MEDICAL RECORD KEEPING COURSE. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than fifteen (15) calendar days after successfully completing the course, or not later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

4. MONITORING - PRACTICE. Within thirty (30) calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within fifteen (15) calendar days of receipt

of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within sixty (60) calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor within sixty (60) calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within ten (10) calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within fifteen (15) calendar days. If Respondent fails to obtain approval of a replacement monitor within sixty (60) calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine

until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

This condition will be terminated after twelve (12) months if Respondent has been fully compliant with all terms of the practice monitor condition and if the practice monitor(s) has found no issues or deficiencies with Respondent's medical practice during the first year of monitoring.

5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within fifteen (15) calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

7. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than ten (10) calendar days after the

end of the preceding quarter.

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing thirty (30) calendar days prior to the dates of departure and return.

10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or

its designee in writing within fifteen (15) calendar days of any periods of non-practice lasting more than thirty (30) calendar days and within fifteen (15) calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least forty (40) hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds eighteen (18) calendar months, Respondent shall successfully complete the Federation of State Medical Board's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

12. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than one hundred and twenty (120)

calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

14. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within fifteen (15) calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31st of each calendar year.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and I have fully discussed it with my attorney, Peter R. Osinoff. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and

Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: THURS, SEPT. 27, 2018

MANZAR SARFARAZ KURAISHI, M.D.
Respondent

I have read and fully discussed with Respondent the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 9/27/18

PETER R. OSINOFF
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: September 27, 2018

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

NICHOLAS B.C. SCHULTZ
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2016-027057

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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: MANZAR SARFARAZ KURAISHI, M.D. 2701 West Alameda Avenue, Suite 400 Burbank, California 91505 Physician's and Surgeon's Certificate No. A 40352, Respondent.	Case No. 800-2016-027057 **ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about August 15, 1983, the Board issued Physician's and Surgeon's Certificate Number A 40352 to Manzar Sarfaraz Kuraishi, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2019, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2001.1 of the Code states:

"Protection of the public shall be the highest priority for the Medical Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount."

5. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

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6. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

". . ."

7. Section 725 of the Code states:

"(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

". . ."

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8. Section 2052 of the Code states:

"(a) Notwithstanding Section 146, any person who practices or attempts to practice, or who advertises or holds himself or herself out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person, without having at the time of so doing a valid, unrevoked, or unsuspended certificate as provided in this chapter [Chapter 5, the Medical Practice Act], or without being authorized to perform the act pursuant to a certificate obtained in accordance with some other provision of law, is guilty of a public offense, punishable by a fine not exceeding ten thousand dollars ($10,000), by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, by imprisonment in a county jail not exceeding one year, or by both the fine and either imprisonment.

"(b) Any person who conspires with or aids or abets another to commit any act described in subdivision (a) is guilty of a public offense, subject to the punishment described in that subdivision.

"(c) The remedy provided in this section shall not preclude any other remedy provided by law."

9. Section 2264 of the Code states:

"The employing, directly or indirectly, the aiding, or the abetting of any unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in the practice of medicine or any other mode of treating the sick or afflicted which requires a license to practice constitutes unprofessional conduct."

10. Section 2069 of the Code states:

"(a)(1) Notwithstanding any other law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these

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tasks and services upon the specific authorization of a physician assistant, a nurse practitioner, or a certified nurse-midwife.

". . .

"(b) As used in this section and Sections 2070 and 2071, the following definitions shall apply:

"(1) 'Medical assistant' means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the board. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.

"(2) 'Specific authorization' means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on a patient, which shall be placed in the patient's medical record, or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient's medical record.

"(3) 'Supervision' means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:

"(A) A licensed physician and surgeon.

". . .

"(4) 'Technical supportive services' means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a).

"(c) Nothing in this section shall be construed as authorizing any of the following:

"(1) The licensure of medical assistants.

". . ."

11. Section 2266 of the Code, states:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FACTUAL SUMMARY

12. Between April 2012 and March 2015, Respondent worked as a physician at his medical clinic located at 2701 West Alameda Avenue, Suite 400 in Burbank, California. During this period of time, Respondent treated Patient A[1] as a patient. Meanwhile, Respondent employed P.C.[2] who, at all times relevant to Causes for Discipline alleged herein, did not possess a physician's and surgeon's certificate, a license as a registered nurse, or any other health care professional license issued by the State of California. P.C. was employed by Respondent as a medical assistant. These facts were known to Respondent. Respondent allowed P.C. to perform the following tasks at the medical clinic: scheduling appointments; taking the chief complaint, vital signs, and history of present illness of the patients; and notifying patients of test results. In addition, Respondent trained and authorized P.C. to renew "simple non-controlled medications" for his patients. Respondent trained P.C. to pull the patient's chart and to make a notation of the refilled medication. Respondent would then review P.C.'s actions by reviewing the patient's medical record.

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[1] The patient herein is referred to as Patient A to protect her privacy.

[2] P.C. is referred to by her initials to protect her privacy.

13. Respondent assumed the primary care of Patient A in April 2012 after she was referred to him by her cardiologist. At the time of that visit, Patient A was an 82-year-old woman seeking management of her bilateral leg swelling which had persisted for over a year. Patient A presented to Respondent with a history of a tobacco use, cerebrovascular accident (stroke) in 2009, benign essential tremor, and osteoporosis for which she was taking Fosamax.[3] Patient A also exhibited cognitive deficits including forgetfulness, confusion, and anxiety. Patient A was also taking Primidone[4] for a benign essential tremor. However, Respondent never attempted to obtain Patient A's prior medical records to confirm if the Primidone dose was correct to treat her tremor, the extent of her previous osteoporosis treatment, Patient A's previous levels of frailty and cognition, the type of stroke that she had, or the cardiologist's diagnoses and treatment plan.

14. On April 4, 2012, P.C. obtained Patient A's chief complaint, history of present illness, medication list, allergies, social history, and family history. Respondent then conducted a physical examination of Patient A. Respondent purportedly examined Patient A's legs by palpation over her calves, as well as her abdomen by palpation for organomegaly. However, these findings are not recorded in Respondent's medical records. Respondent's examination of Patient A's legs did not include assessment for capillary refill, peripheral pulses, calf pain or masses, or inguinal adenopathy.

15. There was no review of systems documented in Respondent's medical records for Patient A. Furthermore, Respondent did not assess Patient A for a Homan's sign or venous competency. Respondent did not check for jugular venous distension or hepatojugular reflux. Importantly, Respondent did not conduct a neurological examination including gait, mental status, sensation, tremor and cerebellar function or motor exam. Similarly, Respondent did not document a skin exam. Respondent did not attempt to obtain Patient A's prior medical records,

[3] Fosamax is used to prevent and treat certain types of bone loss (osteoporosis) in adults. It is a bisphosphonate, which is a synthetic analog of pyrophosphate that binds to the hydroxyapatite found in bone. Fosamax acts as a specific inhibitor of osteoclast mediated bone resportion, which effectively slows the rate of bone loss by altering bone formation and breakdown in the human body.

[4] Primidone is a barbiturate anticonvulsant drug used to treat seizures. It is known to cause sedation and cognitive impairment at any age, but especially in the elderly. The use of Primidone includes an increased risk for ataxia, impaired psychomotor function, dizziness, drowsiness, and visual disturbances.

including records from a cardiologist or neurologist, after this clinical visit or any subsequent visits. Any discussion between Respondent and Patient A's treating cardiologist regarding the cardiologist's diagnosis and treatment plan were not documented in the medical records.

16. After evaluating Patient A on April 4, 2012, Respondent concluded that her leg swelling and peripheral edema were due to an incompetent heart valve causing right-sided congestive heart failure. Respondent noted Patient A's heart murmur and diagnosed her with bilateral leg lymphedema, benign essential tremor, and osteoporosis. Respondent discontinued Fosamax without documenting a reason or prescribing another medication for Patient A to take for treatment of her osteoporosis. Respondent did not order any labs or imaging studies for Patient A such as echocardiogram, lower extremity venous duplex scan, computerized tomography (CT) of the pelvis, or a dual-energy x-ray absorptiometry (DEXA)[5] scan. Respondent instructed Patient A to return in one month, or as needed.

17. On May 2, 2012, Patient A returned to Respondent's clinic. Her chief complaint was the continued swelling of her bilateral lower legs. Patient A reported that she had fallen at home since her visit the previous month. However, there was no musculoskeletal examination performed by Respondent. In fact, Respondent did not assess Patient A for injuries from her fall or examine her legs. Patient A's blood pressure was recorded and Respondent performed a chest and heart exam, though there was no review of systems documented for this clinical visit. Respondent ordered a pneumatic compression device to treat Patient A's edema. Respondent ordered a complete blood cell count, comprehensive metabolic panel, and urine analysis. His diagnoses at that time were peripheral edema, benign essential tremor, osteoporosis, heart murmur, fatigue, lymphedema, anemia, and cerebrovascular accident. With regards to the lymphedema diagnosis, however, Respondent did not obtain a report from the Patient A's cardiologist or diagnostic studies to confirm the diagnosis. With regards to the anemia diagnosis, Respondent did not work up or order additional testing for Patient A.

[5] A dual-energy x-ray absorptiometry (DEXA) is a non-invasive, enhanced x-ray scan that uses a very small dose of ionizing radiation to capture images of the patient's lower spine and hip to measure bone loss. This imaging test is commonly used to diagnose osteoporosis and to assess a patient's risk for developing fractures.

18. On May 10, 2012, Respondent signed a form for certificate of medical necessity for the pneumatic device that he had ordered for Patient A. Respondent certified that "the medical necessity information...is true, accurate, and complete." Respondent listed that Patient A had chronic venous insufficiency with venous stasis ulcers. He also indicated that Patient A had lymphedema since childhood or adolescence. However, this information was not true or correct.

19. On October 1, 2012, Patient A returned to Respondent's clinic. Respondent examined her lungs and the pre-existing heart murmur. Respondent did not examine Patient A's legs, but he ordered physical therapy. There was no review of systems documented in the medical records. Patient A was instructed to follow-up with Respondent in three months.

20. On April 29, 2013, Patient A returned to Respondent's clinic to renew her medications. She reported ongoing problems with her right leg. Respondent examined her lungs, abdomen, and the pre-existing heart murmur. But Respondent did not examine Patient A's gait or perform a neurological exam. Instead, Respondent instructed Patient A to do passive exercises for her knee and to continue in physical therapy. With regards to Patient A's prior history of stroke, Respondent wrote "consider workup for CVA [cerebrovascular accident]." The records do not further specify what type of work up would be ordered by Respondent.

21. During this clinical visit on April 29, 2013, Patient A asked the Respondent if she should be taking medication for her cholesterol. A blood test was ordered and Respondent reviewed Patient A's lipid panel on July 31, 2013. Patient A's total cholesterol was 307, but Respondent concluded that Patient A did not require cholesterol treatment to lower her stroke risk. Although Respondent had previously diagnosed Patient A with anemia, he did not order Vitamin B12 or ferritin level testing. Respondent also did not order thyroid function tests with regards to Patient A's persisting fatigue.

22. When Patient A returned to Respondent on August 7, 2013, he neglected to start Patient A on statin.[6] Respondent also did not instruct Patient A to follow-up with her cardiologist regarding controlling her hyperlipidemia. There was no indication in the medical records that the

[6] Statin is a class of drugs that lowers the level of cholesterol in the human body by reducing the production of cholesterol by the liver. Statins block the liver enzyme responsible for making cholesterol.

use of statin was contraindicated for Patient A. Respondent performed an electrocardiogram at his medical clinic that day. His impression was an abnormal result and atrial flutter. Finally, Respondent diagnosed Patient A with a urinary tract infection and prescribed 100 milligrams of Macrobid, an antibiotic, to be taken once daily for fourteen days, although the medical records incorrectly reflect that the medication was prescribed for a mere seven days.

23. On November 13, 2013, Patient A again presented to Respondent complaining of leg swelling and itching skin. After conducting a physical examination, Respondent diagnosed Patient A with cellulitis of her bilateral extremities. However, he did not feel that it was severe enough to admit Patient A to the hospital. Respondent prescribed Prednisone[7] and instructed Patient A to take 10 milligrams twice daily. In total, Respondent prescribed sixty pills of Prednisone and instructed Patient A to return within one week for a follow-up appointment. Respondent also prescribed Hydroxyzine[8] and instructed Patient A to take 10 milligrams as needed for her itching. Finally, Respondent prescribed 500 milligrams of Keflex, an antibiotic, for one week to treat her bilateral leg cellulitis.

24. During this clinical visit, Respondent did not take or record Patient A's blood pressure or temperature in the medical records. Respondent documented no skin rash other than her legs and he did not obtain a history from the patient regarding the onset and progression of her erythema. Additionally, Respondent failed to order a workup of Patient A's peripheral edema or to obtain her past medical records to ascertain what lab testing or imaging studies had already been performed, such as a lower extremity venous duplex scan. With regards to the prescription

[7] Prednisone is a synthetic corticosteroid that is effective as an immunosuppressant drug. It works by decreasing the immune system's response to various diseases and allergens in order to reduce symptoms such as swelling and allergic-type reactions. It is used to treat inflammatory and autoimmune diseases. However, Prednisone has significant adverse long-term side effects including, but not limited to: accelerating osteoporosis and fractures; adrenal suppression; Cushingoid appearance with weight gain; hyperglycemia or diabetes, dyslipidemia; acceleration of heart disease; myopathy; cataracts and glaucoma; psychiatric disturbances; immunosuppression; and an increased risk of gastrointestinal events such as ulcer formation with perforation and hemorrhage, as well as esophageal ulceration.

[8] Hydroxyzine, which is commonly sold under the brand name "Atarax," is a first-generation antihistamine with sedative effects. It is used to treat itching caused by allergies by blocking histamine that the human body produces during an allergic reaction. However, first-generation antihistamines have notoriously bad side-effects including: increased risk of confusion; dry mouth; constipation; and other anticholinergic effects/toxicity.

of Keflex to treat her bilateral leg cellulitis, Respondent did not instruct Patient A to elevate her legs. Respondent did not refer Patient A back to her cardiologist or to a vascular specialist for further evaluation and treatment.

25. Patient A did not return to Respondent's clinic for approximately fifteen months, during which time she continued taking the Prednisone and Hydroxyzine. In fact, Patient A regularly refilled Respondent's prescriptions for Prednisone and Hydroxyzine every four to six weeks between November 13, 2013, and January 27, 2015. P.C. authorized Patient A's prescription refill requests for Prednisone (one month plus one or two refills) on the following dates: December 10, 2013; April 29, 2014; September 8, 2014; and December 2, 2014. In each of these instances, P.C. approved and sent the refill requests back to the inquiring pharmacies and the Prednisone was dispensed to Patient A on all of these occasions. P.C. signed each refill request where it clearly designated "prescriber's signature." However, P.C. did not notate these prescription refills and, therefore, Respondent did not review or monitor Patient A's ongoing use of this medication.

26. Between November 13, 2013, and January 17, 2015, Respondent or his medical assistant authorized prescription refills for Prednisone and Hydroxyzine. Consequently, Patient A was taking 20 milligrams of Prednisone, as well as 10 to 20 milligrams of Hydroxyzine over a period of fifteen months. During this period of time, Respondent did not follow-up with Patient A to assess her ongoing medical issues or to confirm that she had discontinued the Prednisone and Hydroxyzine prescriptions.

27. Patient A returned to Respondent's clinic on February 9, 2015. She reported to Respondent that she had been taking 40 milligrams of Prednisone daily. Respondent examined Patient A and diagnosed her with iatrogenic steroid overdose. Respondent observed that Patient A had obvious signs of steroid overuse. Respondent formulated a plan to wean Patient A down to 20 milligrams of Prednisone daily and to order lab testing. Respondent did not, however, order a DEXA scan or prescribe medication, such as Fosamax, to slow the rate of bone loss and manage Patient A's osteoporosis. Also, Respondent failed to order bloodwork to assess Patient A's electrolytes or review her gastrointestinal symptoms after prolonged use of Prednisone.

28. On March 2, 2015, Patient A again visited Respondent's medical clinic complaining of brown spots on her forearms. Respondent diagnosed Patient A with actinic keratosis. At that time, Patient A was still taking 20 milligrams of Prednisone daily.

29. On March 18, 2015, Patient A again visited Respondent's medical clinic. Respondent instructed Patient A to reduce her use of Prednisone to 10 milligrams daily. A follow-up appointment was scheduled with Respondent.

30. During his course of treating Patient A, Respondent listed "fatigue" as a diagnosis in Patient A's medical records on the following dates: May 2, 2012; October 1, 2012; April 29, 2013; October 7, 2013; November 30, 2013; February 9, 2015; and March 2, 2015. However, Respondent never documented a differential diagnosis. Respondent did not order a thyroid function test to assess Patient A for possible hypothyroidism. Similarly, Respondent did not conduct a depression screening on Patient A.

31. On May 10, 2015, Patient A fell at a train station and hit her head. She was immediately transported to the University of California San Diego (UCSD) Medical Center. A CT scan revealed large bilateral subdual hematomas with brainstem compression and diffuse subarachnoid hemorrhage. Patient A died from her injuries later that day.

STANDARD OF CARE

32. **Excessive Prescribing of Prednisone.** The community standard of care in medical practice in the State of California is to utilize Prednisone for the shortest possible period of time and at the lowest possible dose to achieve the desired results for the patient. This drug is a potent glucocorticoid (steroid) with many adverse effects and, therefore, it should only be used when its benefits outweigh the risks and there are no safer alternatives. A patient taking Prednisone must be closely monitored by the prescribing physician for adverse effects and to aid rapid dose de-escalation or discontinuation.

33. **Excessive Prescribing of Hydroxyzine.** The community standard of care in medical practice in the State of California is to utilize Hydroxyzine for the shortest effective course to achieve the desired results for the patient after a medical indication is identified. This drug is known to cause sedation and cognitive impairment in the elderly. A physician prescribing

Hydroxyzine must carefully weigh the benefits and risks of the medication in terms of managing the underlying medical condition, as well as in the context of drug interactions and the additive effect of medications with underlying disease states, such as frailty and cognitive loss.

34. **Diagnosis and Management of a Patient Complaining of Fatigue.** The community standard of care in medical practice in the State of California is to formulate a differential diagnosis when a patient complains of fatigue and to work up the patient accordingly. This differential diagnosis includes, but is not limited to: medication reactions, anemia, hypothyroidism, and depression.

35. **Management of a Patient with a History of Stroke and Hyperlipidemia.** The community standard of care in medical practice in the State of California is to prescribe a statin for a patient with a history of cerebrovascular accident, history of tobacco use, family history of heart disease, and hyperlipidemia, unless there is a contraindication.

36. **Management of a Patient with Heart Murmur.** The community standard of care in medical practice in the State of California is to order an electrocardiogram and echocardiogram to further assess a patient's heart function when the patient has a heart murmur. Alternatively, the physician should have the patient follow-up with a cardiologist.

37. **Management of a Patient with Osteoporosis.** The community standard of care in medical practice in the State of California is to reduce the risk of fracture in a patient with known osteoporosis by limiting medications that can accelerate bone loss and to consider medications that help slow bone loss. Additionally, a physician must also address lifestyle modifications for the patient to consider, such as lowering alcohol intake or fall prevention strategies. Finally, a physician should assess the bone density of a patient over the age of 65 by ordering a dual-energy x-ray absorptiometry (DEXA) scan and monitoring the patient.

38. **Diagnosis and Management of a Patient with Leg Edema and Acute Cellulitis.** The community standard of care in medical practice in the State of California is to evaluate a patient with acute or chronic lower extremity edema by conducting an appropriate history and physical examination of the patient, ordering appropriate laboratory tests and imaging studies appropriate for the condition, outlining a medical plan that fits a logical working diagnosis, and

possibly referring the patient to a specialist. A patient with cellulitis should not receive a month supply of Prednisone and Hydroxyzine.

39. **Coordination of Care with other Medical Providers.** The community standard of care in medical practice in the State of California is for a primary care physician receiving a new patient with complex medical issues to obtain the patient's medical records from other health care providers for continuity of care. The primary care physician has a duty to obtain notes, lab results, and other records from other medical providers and specialists that the patient is currently seeing in order to coordinate the patient's care.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

40. Respondent's license is subject to disciplinary action under Section 2234, subdivision (b) of the Code, in that Respondent was grossly negligent in his care and treatment of Patient A. The circumstances are as follows:

41. Complainant refers to and, by this reference, incorporates paragraphs 12 through 39 above, as though fully set forth herein.

42. The following acts and omissions, considered individually and collectively, constitute gross negligence in Respondent's practice as a physician and surgeon:

A. Prescribing Prednisone with no clear medical indication and allowing his medical assistant to refill the Prednisone prescription for roughly fifteen months without oversight or follow-up care.

B. Prescribing Hydroxyzine with no clear medical indication, failing to appropriately consider the additive effects of this drug in combination with Prednisone and Primidone upon the patient's cognition, and allowing his medical assistant to refill the Hydroxyzine prescription for roughly fifteen months without oversight or follow-up care.

C. Failing to start the patient on a statin despite her history of stroke, tobacco use, possible congestive heart failure, heart murmur, and elevated lipid panel.

D. Failing to perform a differential diagnosis of the patient's fatigue and work up the patient with a thyroid function test and/or a depression screening test.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

43. Respondent's license is further subject to disciplinary action under Section 2234, subdivision (c) of the Code, in that Respondent committed repeated negligent acts during his care and treatment of Patient A. The circumstances are as follows:

44. Complainant refers to and, by this reference, incorporates paragraphs 12 through 39 above, as though fully set forth herein.

45. The following acts and omissions, considered individually and collectively, constitute repeated negligent acts in Respondent's practice as a physician and surgeon:

A. Prescribing Prednisone with no clear medical indication and allowing his medical assistant to refill the Prednisone prescription for roughly fifteen months without oversight or follow-up care.

B. Prescribing Hydroxyzine with no clear medical indication, failing to appropriately consider the additive effects of this drug in combination with Prednisone and Primidone upon the patient's cognition, and allowing his medical assistant to refill the Hydroxyzine prescription for roughly fifteen months without oversight or follow-up care.

C. Failing to start the patient on a statin despite her history of stroke, tobacco use, possible congestive heart failure, heart murmur, and elevated lipid panel.

D. Failing to perform a differential diagnosis of the patient's fatigue and work up the patient with a thyroid function test and/or a depression screening test.

E. Failing to order an electrocardiogram and echocardiogram to further assess the patient's heart function, failing to order her previous cardiology notes and studies from the cardiologist, and failing to refer the patient back to her cardiologist.

F. Stopping the patient's Fosamax medication for no clear medical reason, failing to have her resume the medication or take any other medication to treat osteoporosis, and not ordering a DEXA scan for a patient over the age of 65 to assess her bone density.

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G. Prescribing a high oral dose of Prednisone for Cellulitis when the patient was already prescribed Hydroxyzine, without proper work up for her peripheral edema including examination for capillary refill, peripheral pulses, calf pain or masses, or inguinal adenopathy.

H. Not obtaining the previous and current notes, imaging studies, echocardiograms, venous scans, and blood work from the patient's cardiologist, as well as failing to obtain neurology notes or brain imaging scans in light of the patient's history of stroke.

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

46. By reason of the facts set forth in paragraph 12 through 39 above, Respondent's license is further subject to disciplinary action under Section 2234, subdivision (d) of the Code, in that Respondent has demonstrated incompetence in his care and treatment of Patient A.

47. Respondent's acts and/or omissions as set forth in paragraphs 12 through 39 above, whether proven individually, jointly, or in any combination thereof, constitute Respondent's incompetence in his care and treatment of Patient A, pursuant to Section 2234, subdivision (d) of the Code.

FOURTH CAUSE FOR DISCIPLINE

(Repeated Acts of Excessive Prescribing)

48. By reason of the facts set forth in paragraphs 12 through 31 above, Respondent's license is further subject to disciplinary action under Section 725 of the Code, in that Respondent engaged in repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs to Patient A.

49. Respondent's acts and/or omissions as set forth in paragraphs 12 through 31 above, whether proven individually, jointly, or in any combination thereof, constitutes Respondent's repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs to Patient A, in violation of Section 725 of the Code.

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FIFTH CAUSE FOR DISCIPLINE

(Aiding and Abetting the Unlicensed Practice of Medicine)

50. By reason of the facts set forth in paragraphs 12 through 31 above, Respondent's license is further subject to disciplinary action under Section 2052, subdivision (b), and Section 2264 of the Code, in that Respondent aided or abetted his medical assistant, P.C., an unlicensed person, to engage in the practice of medicine, or any other mode of treating the sick or afflicted, which requires a license to practice.

51. Respondent's acts and/or omissions as set forth in paragraphs 12 through 31 above, whether proven individually, jointly, or in any combination thereof, constitutes aiding or abetting his medical assistant, P.C., an unlicensed person, to engage in the practice of medicine, or any other mode of treating the sick or afflicted, which requires a license to practice, pursuant to Section 2052, subdivision (b), and Section 2264 of the Code.

SIXTH CAUSE FOR DISCIPLINE

(Failure to Supervise Medical Assistant)

52. By reason of the facts set forth in paragraphs 12 through 31 above, Respondent's license is further subject to disciplinary action under Section 2069 of the Code, in that Respondent failed to properly supervise P.C., his medical assistant.

53. Respondent's acts and/or omissions as set forth in paragraphs 12 through 31 above, whether proven individually, jointly, or in any combination thereof, constitutes Respondent's failure to properly supervise P.C., his medical assistant, in violation of Section 2069 of the Code.

SEVENTH CAUSE FOR DISCIPLINE

(Inadequate and/or Inaccurate Record-Keeping)

54. By reason of the facts set forth in paragraph 12 through 31 above, Respondent's license is further subject to disciplinary action under Section 2266 of the Code, in that Respondent failed to maintain adequate and accurate records relating to his provision of services to Patient A.

55. Respondent's acts and/or omissions as set forth in paragraphs 12 through 31 above, whether proven individually, jointly, or in any combination thereof, constitute Respondent's

failure to maintain adequate and accurate records relating to his provision of services to Patient A, pursuant to Section 2266 of the Code.

EIGHTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

56. By reason of the facts set forth in paragraph 12 through 39 above, Respondent is subject to disciplinary action under Section 2234, subdivision (a) of the Code, in that Respondent has engaged in unprofessional conduct based upon his gross negligence, repeated negligent acts, incompetence, repeated acts of excessive prescribing, aiding and abetting the unlicensed practice of medicine, failure to supervise his medical assistant, and his failure to maintain adequate and accurate records relating to his provision of services to Patient A.

57. Respondent's acts and/or omissions as set forth in paragraphs 12 through 39 above, whether proven individually, jointly, or in any combination thereof, constitute Respondent's unprofessional conduct based upon gross negligence, repeated negligent acts, incompetence, repeated acts of excessive prescribing, aiding and abetting the unlicensed practice of medicine, failure to supervise his medical assistant, and his failure to maintain adequate and accurate records relating to his provision of services to Patient A, pursuant to Section 2234, subdivision (a) of the Code.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 40352 issued to Manzar Sarfaraz Kuraishi, M.D.;

2. Revoking, suspending or denying approval of his authority to supervise physician assistants pursuant to Section 3527 of the Code, and advanced practice nurses;

3. If placed on probation, ordering Manzar Sarfaraz Kuraishi, M.D. to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: January 29, 2018

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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